PRINTED: 03/22/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED	
		495318	B. WING		01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	1 01/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMENTS	3	F 00	00	
	standard survey was 1/4/18. Two complains the survey. Signification for compliance with 4 Long Term Care required.				
F 580	86 at the time of the consisted of one curr (Resident 3) and two (Residents 1 and 2).	20 certified bed facility was survey. The survey sample rent resident review closed record reviews	F 58	30	2/4/18
SS=G	S483.10(g)(14) Notificial (i) A facility must immonsult with the residual consistent with his or representative(s) who (A) An accident involvesults in injury and his physician interventio (B) A significant charmental, or psychosod deterioration in healt status in either life-the clinical complications (C) A need to alter the aneed to discontinual treatment due to advocommence a new for (D) A decision to trarresident from the fact §483.15(c)(1)(ii).	cation of Changes. nediately inform the resident; dent's physician; and notify, r her authority, the resident en there is- ving the resident which has the potential for requiring n; nge in the resident's physical, cial status (that is, a h, mental, or psychosocial ureatening conditions or s); eatment significantly (that is, e an existing form of erse consequences, or to rm of treatment); or nsfer or discharge the			
ADODATORY	DIDECTOR'S OF PROVINCE	SUPPLIER REPRESENTATIVE'S SIGNATUR) DE	TITI F	(X6) DATE

Electronically Signed 01/26/2018

Facility ID: VA0030

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) (X4) PROVIDER/SUPPLIER/CLIA (X5) A. BUILDING	(X3) DATE SURVEY COMPLETED		
495318 B. WING	01/04/2018		
NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	01/04/2016		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
F 580 Continued From page 1 all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9) This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and complaint investigation, the facility staff failed to immediately notify the physician of a medication error involving Dilantin for one of three residents in the survey sample (Resident #1). Dosage of the anti-seizure medication Dilantin (Phenytoin) was increased in response to a miscommunicated Dilantin increase discovered on with the ordered Dilantin increase discovered on communicated to the physician. Physician	0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
			7 55.25			С	
		495318	B. WING _			01/	04/2018
	ROVIDER OR SUPPLIER			62	TREET ADDRESS, CITY, STATE, ZIP CODE 11 BERRY HILL ROAD OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	resident's Dilantin levels resulting in hos Dilantin toxicity and in associated with the to The resident experier eyebrow region, ligant finger, a laceration to several bruises/abrasswelling of his face diassociated with toxic Dilantin levels. The findings include: Resident #1 was adm 11/22/11 and was dis 11/28/17. Diagnoses seizure disorder, interfailure, functional quacommunication deficity psychosis. The minim 10/12/17 assessed Rimpaired cognitive sk Resident #1 as alway and to require superv for transfers, dressing. Resident #1's clinical physician's order dated 100 mg (milligrams) than order dated 3/3/17 be given at 2:00 p.m. treatment/prevention documented a physic for a Dilantin level to	ministration caused the rel to exceed therapeutic spitalization for treatment of nultiple falls with injury oxic Dilantin levels (harm). Inceed a laceration to his left ment injury to the left pinky the right middle finger, sions to his knees and ue to repeated falls effects from the high mitted to the facility on charged to the hospital on for Resident #1 included llectual disability, heart adriplegia, cognitive t, dementia, diabetes and mum data set (MDS) dated esident #1 with moderately ills. This MDS assessed is continent of bowel/bladder rision with set up help only g and toileting. Tecord documented a ed 3/3/17 for Dilantin chew o be given twice per day and of for Dilantin chew 50 mg to	F	580	carried out as received. All Licensed Nurses (RN's and LPN's) were re-educated by Administrative Nurses (DON, ADON, SDC, QI nurse and/or MDS Nurse) on process of transcription of orders and medication error process using Receipt of Physicia orders and Notification of Physician for change in resident's condition and medication error policies. Administrative Nurses (DON, ADON, SDC, QI Nurse and/or MDS Nurse) will review during morning clinical meeting new orders (medication and labs) and vinitial the order slip, to ensure they are transcribed, carried out accurately, labs obtained as ordered and results accurately reported to the physician. To maintain continued compliance the DON will share the results of the audits with the Quality Assurance Performance Improvement (QAPI) Committee on a quarterly basis. If additional issues are noted those issues will be addressed immediately and corrective action taken	all will s	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495318	B. WING				C (04/2048
	ROVIDER OR SUPPLIER	100010		621 BEF	ADDRESS, CITY, STATE, ZIP CODE RRY HILL ROAD I BOSTON, VA 24592	1 01/	04/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	mg/L. A nurse docur physician of the lab r was documented on Resident #1's Dilantin per day and 100 mg day in response to the included instructions Dilantin level on 11/2 A nursing note dated "[Physician] informed 2.5, order given to give every morning and emg by mouth at 2 pm checked next week, 11/24/17." There was no docum or questioning of the 11/18/17 to increase the lab report stated was already high. The order for the incrinaccurately entered 2017 medication adm The order for Dilantin not added to the MAF continued to be admit wice per day from 10 The resident's 2:00 pincreased from 50 mg 11/18/17 as ordered. doses of Dilantin wer starting on 11/26/17 administered Dilantin	igrams per liter) as rence range of 1.0 to 2.0 nented notification to the esults. A telephone order 11/18/17 increasing not dosage to 200 mg twice at be given at 2:00 p.m. each to repeat the resident's 4/17. 11/18/17 documented, of resident Dilantin level we Dilantin 200 mg by mouth wery evening and to give 100 daily. Dilantin level to be blaced in lab book to check the resident #1's Dilantin when the resident's Dilantin level the resident #1's Dilantin level the resident #1's Dilantin level the resident's November in the resident's November in the resident's November in the resident's Dilantin was on the resident's November in the resident's Dilantin was a R until 11/26/17. Resident #1 nistered Dilantin 100 mg 1/18/17 through 11/25/17. In dose of Dilantin was g to 100 mg starting on The twice per day 100 mg e stopped on 11/25/17 and	F 5	80			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495318	B. WING			C 01/04/2018		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	ODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCE	ION SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE	
F 580	day; 11/18/17 through per day; 11/26/17 unt given 500 mg per day. There was no notificat concerning Resident administered as orde 11/26/17. The correct without notification to resident was administ Dilantin daily starting. The clinical record do level on 11/24/17 as of the clinical record do level on 11/24/17 as of the clinical record do Resident #1 in Nover doses increased. The only one prior fall (on through October of 20 experienced six falls being sent to the emer following the third fall in a laceration above documented the following the third fal	at/18/17 received 250 mg per a 11/25/17 was given 300 mg il discharge on 11/28/17 was y. Ation to the physician #1's Dilantin not red when discovered on ation was made on the MAR the physician and the tered a total of 500 mg of on 11/26/17. Accumented no repeat Dilantin pordered by the physician. ition or mention of the ical record until after the to the hospital on 11/28/17. Accumented increased falls for mber 2017 as the Dilantin re resident had experienced 19/9/17) from January 1017. The resident in November 2017 prior to regency room on 11/28/17 that day (11/28/17) resulting his left eye. Nursing notes wing falls with injuries for ovember 2017. The resident on the injuries for ovember 2017. The resident in floor, on knees enturned with resident over or scratch on bridge of nose from left nostril Applied	F	580				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G	1, ,	ATE SURVEY OMPLETED	
		495318	B. WING			C 01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	'	3 110 -112 0 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 580	roommate found him beside his bed with hassessed no injury removed and skid so 11/26/17 at 1:15 p.m roomupon entering resident lying on the bed, in front of w/c [versident denied fallin middle finger, cleaned injuries noted at this hand. able to move edema noted to left had 11/28/17 at 1:42 p.m room and was advised in the bathroom with wild door. Resident stated go to the bathroom as stated that he was not or discomfort" (sic) 11/28/17 at 4:18 p.m noiseresident was roommates side of the that the chair turned into the floor" (sic) 11/28/17 at 9:15 p.m floor by CNA, call work observed on the floor bleeding from what a also noted to the back notedresident respersponsive when ser	Resident #1] lying on floor nis legs over the trash can assisted back to bed socks ocks applied."(sic) - "heard noise in g the room, observed right side at the foot of the wheelchair]. when asked g. laceration noted to right and dressed. no other timebruise noted to left wrist and all digits. some nand" - "Was called to residents and that resident was in floor in neelchair sitting at bathroom and that he was attempting to and got too fastResident of hurtNo complaint of pain - "Heard loud sitting in the floor on ne room. Resident stated around on him and he fell - "Resident found on the iter to room. Resident r with call bell in hand appears to be left eye. Blood ck of head. facial swelling onsive at time of fall and still	F 5	80		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _		C 01/04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	day" Resident #1 was se 11/27/17 for evaluat right middle finger the The physician's note resident's Dilantin deted 11/27/17 documented the weekend that [Resident's opinion that floor, not actually fall administration recorning Speech is quite gart wheelchair, but has The physician's note resident's Dilantin leadministration documissed Dilantin level was not conducted a discharge. The investignment of the facility's investignment of the facility of the facility of the facility investignment of the facility	en by the physician on ion of the laceration to the nat occurred on 11/26/17. It made no mention of the page. This progress note amented, "I was called over resident #1] had some falls tional falls and it was the he was putting himself on the ling Medication dis reviewed in chart pled. He is generally up in a had more falls recently" It made no mention of the vels, inaccurate Dilantin mented on the MAR or the I lab due on 11/24/17. I gation of the Dilantin error cuntil after the resident's estigation included did 11/29/17 stating, "On scribed to MAR incomplete + labbook no requisition filled ents increased impairment + resulted in resident being	F 5	80		
	taking his prescribed	was actually receiving and d dose of 100 mg bid [twice ne was taking it regularly. I				

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
495318	B. WING _			C 01/04/2018
<u> </u>	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	<u>'</u> E	0110-112010
		621 BERRY HILL ROAD		
		SOUTH BOSTON, VA 24592		
CY MUST BE PRECEDED BY FULL	ID PREFI) TAG	((EACH CORRECTIVE ACTION	I SHOULD BE	D.T.
e 7	F 5	580		
rel, but the order was not was not done until the				
d the resident was diagnosed antin toxicity due to an ntin level. The ER report lab 7 documented Resident #1's ritical value" measuring 40.6 per milliliter) with a reference 0 ug/mL. The resident was ple bruises and abrasions in on above his left eye and a t middle finger. The ER report dated 11/28/17 tient] arrives to the ED lent] with multiple injuries. Pt ation to the right middle le left hand. abrasion under lees. Abrasion to the back of selft eye. EMS [emergency lates that nurse states the pts lurred however it has ab called to report abnormal 40.6" The report eration above the resident's all and measured 1.5 leep abrasion on the right pears to be old also has a of the entire left hand and the lagainst resistance, but there at the PIP [proximal]				
	IDENTIFICATION NUMBER:	A. BUILDIN 495318 B. WING TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) De 7 It increase in dose and a vel, but the order was not to was not done until the pospital ER [emergency Defined the resident was diagnosed antin toxicity due to an antin level. The ER report lab 7 documented Resident #1's critical value" measuring 40.6 per milliliter) with a reference of ug/mL. The resident was iple bruises and abrasions in on above his left eye and a not middle finger. The ER report dated 11/28/17 titlent] arrives to the ED thent] with multiple injuries. Pt attion to the right middle the left hand, abrasion under lees. Abrasion to the back of so left eye. EMS [emergency letter than the states the pts solured however it has ab called to report abnormal for 40.6" The report least on above the resident's all and measured 1.5 In. The note documented the leep abrasion on the right pears to be old also has an of the entire left hand is with the right hand and the against resistance, but there at the PIP [proximal the which extends into the joint into the piont i	A BUILDING 495318 STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592 TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL, R LSC IDENTIFYING INFORMATION) PRETIX TAG PREPIX TAG PROVIDER'S PLAN OF CODE (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) F 580 F 580	A BUILDING 495318 STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592 ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY) F 580 Sency room report dated and the resident was diagnosed antin toxicity due to an untin level. The ER report lab 7 documented Resident #1's critical value" measuring 40.6 per milliliter) with a reference Dug/mL. The resident was iple bruises and abrasions in on above his left eye and a ut middle finger. The ER report dated 11/28/17 titient] arrives to the ED hent] with multiple injuries. Pt ation to the right middle he left hand. abrasion under hees. Abrasion to the back of s left eye. EMS [emergency dates that nurse states the pts slurred however it has ab called to report abnormal 40.6" The report reation above the resident's all and measured 1.5 h. The note documented the hep abrasion on the right hopears to be old also has a of the entire left handis with the right hand and the against resistance, but there at the PIP [proximal t which extends into the joint

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		495318	B. WING _			C 01/04/2018		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	1 0	0 11 20 10	
BERRY HI	LL NURSING HOME			621 BERRY HILL ROAD				
DERIKT III	LE NOROMO HOME			SOUTH BOSTON, VA 24592				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE	
F 580	Continued From page	e 8	F 5	580				
	the PIP joint. The wo	ound will be cleaned, finger cs given"						
	treatment that include antibiotics and withhold along with daily moni laceration above the cleansed and closed orthopedic consultation documented, "eviden superficial injuries aft With these falls, appainjuries contusion to laceration to the left I managed in the emerapparently had both I function intactattendemonstrated no acutingerThe wound w traverse laceration apprending appeinterphalangeal joint. a good 48 hours post secondarily requiring	olding all seizure medications toring of Dilantin levels. The resident's left eye was with skin glue. An on report dated 11/30/17 tly was admitted with er reported multiple falls arently, had some other his face with a 2 cm ateral eyebrow area that was regency room. He also knees with abrasions, but tion to the right hand x-rays te fracture of the middle as not repaired. It was a oproximately of 2 cm across ct of the proximal Since the wound is at least tinjury, this will heal						
	documented, "He [I with falls and several appears to have been toxicity" The reside from 11/28/17 until 12 discharge summary or resident's primary diatoxicity. This summa [Resident #1] present reported multiple falls resulting in multiple a	Resident #1] was admitted orthopedic injuries. This necondary to Dilantin ent remained hospitalized						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495318	B. WING	B. WING		C 01/04/2018	
	ROVIDER OR SUPPLIER			62	REET ADDRESS, CITY, STATE, ZIP CODE 1 BERRY HILL ROAD DUTH BOSTON, VA 24592	<u>, </u>	0-4/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOU			(X5) COMPLETION DATE
F 580	and it was found to b [on 11/29/17] (refered was admitted with Distributed instability was likely or discontinued and leveranded back close to the following of the revealed no physicia "free" Dilantin level. Resident #1's plan or documented prior to required minimal assiliving. This care plan potential for injury du Interventions for seiz "Administer medication physicianMonitor for medication, i.e., head anxiety depression, publication in the following in the following interventionObtain	s Dilantin level was checked e significantly elevated at 32 nce range is 10 - 20) He lantin toxicity. His gait related to this. Dilantin was els were checked until it o normal" sident #1's clinical record n's order at the facility for a facre (revised 7/26/17) November the resident istance with activities of daily in stated the resident had be to history of seizures. The prevention included, ons as ordered by the paradverse side effects of dache, drowsiness, insomnia, posychosis, blurred vision, and, dizziness, numbness, coordination], tremor, arrhea, gingival hyperplasia, obysician for evaluation and and monitor serum	F	580			
	notify physician of re The nurse that commoliantin lab test to the inaccurately entered MAR was not available longer worked at the On 1/3/18 at 2:00 p.r. nurse (LPN #1) that was not available longer worked at the	nunicated the resident's e physician on 11/18/17 and the Dilantin order on the ble for interview as she no					

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C 01/04/2018		
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE	, ZIP CODE	0170-112010		
DEDDY	I I NUIDOINO HOME			621 BERRY HILL ROAD				
BERRY HI	LL NURSING HOME			SOUTH BOSTON, VA 2459	2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIA ICIENCY)		ON	
F 580	Continued From page	e 10	F 5	580				
	the facility and was "a stated prior to Novem no history of frequent able to make his need							
	was interviewed about toxicity and associated increased falls. The called by the nurse wadvised that the residence of the physician stated Dilantin level and not physician stated the redidential Dilantin was 10 to 20 resident's Dilantin level.	n. the resident's physician at the diagnosed Dilantin and injuries related to oblysician stated he was orking on 11/18/17 and lent's Dilantin level was 2.5. The had ordered a regular a "free" Dilantin level. The normal range for regular so he understood the lel was low. The physician purse if the resident had						
	been taking his curre ordered and the nurs was routinely taking rephysician stated the relab result of 2.5 was a thought the result was The physician stated different for a "free" Ecompared to a regular 20.0). The physician Dilantin level of 2.5 to an increase in the Dilastated, "I doubled who which was already high there was a miscommore sult that resulted in the resident's increas were related to the Distated, "That's certain stated Dilantin toxicity."	ant dose of Dilantin as the advised that the resident medications as ordered. The nurse never told him that the a "free" Dilantin level so he is a regular Dilantin level. The normal ranges were very bilantin (1.0 to 2.0) as in Dilantin level (10.0 to stated he understood the interest of the physicians at the [Resident #1] was on the physician stated in the toxicity. When asked if the dilantin toxicity, the physician only possible." The physician in the physicia						

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F 580	report or verbalize ar with the excess Dilandalso stated he had or level (due on 11/24/1 done. The physician the Dilantin toxicity us findings on 11/28/17 on 11/30/17. On 1/3/18 at 2:40 p.m director of nursing (Dilantin error with administrator stated is Dilantin toxicity when came to the facility or of the emergency rocadministrator stated thistory of frequent fall November 2017 was The administrator stated the order for the Dilantin toxicity the lab system as a "	ay have not been able to by visual changes associated tin levels. The physician dered a follow up Dilantin 7) and that lab was never stated he was not aware of intil the emergency room were reported to the facility a. the administrator and ON) were interviewed about	F	580	DEFICIENCY)		
	nurse also transcribe 11/18/17 inaccurately medication administrator administrator stated to fithe lab result on 12 thinking the 2.5 level level instead of a "frestated on 11/26/17 a review of the MAR ar Dilantin error listed in MAR. The DON state was found on 11/26/1 and the resident start.	d the Dilantin order of onto the resident's ation record. The here was miscommunication 1/18/17 with the physician reported was a total Dilantin e" Dilantin level. The DON nurse performing a monthly of physician orders found the accurately on Resident #1's ed when this discrepancy 7 the MAR was corrected ed getting a total of 500 mg originally ordered by the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		DNSTRUCTION		PLETED
		495318	B. WING _				C / 04/2018
	ROVIDER OR SUPPLIER			621	EET ADDRESS, CITY, STATE, ZIP CODE BERRY HILL ROAD JTH BOSTON, VA 24592	1 011	104/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	physician was notified on 11/26/17 so that Deen re-checked, the Concerning the repeat scheduled to be done stated this lab test was stated it was listed or employee stated the did not draw blood or On 1/4/18 at 10:45 at options in their lab er levels. The DON states in the computer system included a Dilantin level was ord selected option 1 "Dilantin level was ord	d when this error was found bilantin levels could have a DON had no response. It Dilantin level ordered and the on 11/24/17, the DON as not done. The DON in the lab sheet but the lab entry was "illegible" so they complete the test. I.M. the DON displayed the ontry system for Dilantin the options are for Dilantin. The options are for Dilantin. The options wel, Dilantin Free + total and ON stated if a regular lered the nurses should have lantin level" and not "Dilantin red, "There is a big lits." I policy titled Medication of the complete is familiar with the drug, its potential toxic icationsAny deviation from the shall be considered a the right	F	580			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		495318	B. WING			01/	04/2018
	ROVIDER OR SUPPLIER			62	TREET ADDRESS, CITY, STATE, ZIP CODE 21 BERRY HILL ROAD OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657 SS=D	vomiting and insomninursing consideration to include, "Monitor dof total phenytoin is 1 [micrograms per millil of free phenytoin is 1 Doubling the dose do may cause toxicity. Ospecific dosing recommendation of the properties of	sion, slurred speech, blurred vision, nausea, a. This reference lists s for Dilantin administration rug level. Therapeutic level 0 to 20 mcg/mL iter]. The therapeutic range to 2 mcg/mLAlert: esn't double the level but consult pharmacist for amendations" (1) reviewed with the N on 1/4/18 at 10:30 a.m. othy Terry and Leigh Ann Drug Handbook. s Kluwer, 2017. I Revision (i)-(iii) ensive Care Plans orehensive care plan must of days after completion of ssessment. redisciplinary team, that ited to resician. e with responsibility for the		657			2/4/18

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		495318	B. WING				04/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 017	04/2010
					21 BERRY HILL ROAD		
BERRY HI	ILL NURSING HOME			s	OUTH BOSTON, VA 24592		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657	Continued From page	e 14	F	657			
		presentative is determined		001			
	not practicable for the						
	resident's care plan.	e development of the					
		e staff or professionals in					
		ined by the resident's needs					
	or as requested by th						
	(iii)Reviewed and rev						
	team after each asse						
	comprehensive and						
	assessments.	,					
	This REQUIREMENT	Γ is not met as evidenced					
	by:						
	•	view, clinical record review			Resident #1 is no longer a resident of	this	
	and complaint investi			facility.			
		the comprehensive care plan					
		ents in the survey sample.			An audit was completed by the		
		care was not reviewed			Administrative Nurses (DON, ADON,		
	and/or revised with ir	nterventions for fall/injury			SDC, QI Nurse and/or MDS Nurse) of	all	
	prevention after an in	creased frequency of falls in			current residents that have had falls		
	November 2017.				during past 30 days to ensure		
					interventions were implemented and a	e	
	The findings include:				in place; as well as the careplan was		
					reviewed and/or revised for the resider	ıt.	
		nitted to the facility on			All Licensed Nurses (RN's and LP	N's)	
	11/22/11 and was dis	charged to the hospital on			were re-educated by Administrative		
	11/28/17. Diagnoses	for Resident #1 included			Nurses (DON, ADON, SDC, QI nurse		
	seizure disorder, inte	llectual disability, heart			and/or MDS Nurse) on policy of reporti	ng	
	failure, functional qua				and Investigation of Resident Events a		
		it, dementia, diabetes and			Incidents to include notification of chan	-	
	' '	mum data set (MDS) dated			intervention implementation and care p	lan	
		Resident #1 with moderately			revision		
		tills. This MDS assessed					
		ys continent of bowel/bladder			The Administrative Clinical Team (to		
		vision with set up help only			include but not limited to DON, ADON,		
	for transfers, dressing	g and toileting.			SDC, QI Nurse and MDS Nurse) will		
	,				review all falls during morning clinical		
	Resident #1's clinical				meeting that occurred since previous		
		esident #1 in November			meeting using the Incident/Accident		
	⊥2017. The resident h	nad experienced only one			Reports Review form to ensure		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495318	B. WING			C / 04/2018	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	704/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 657	October of 2017. The falls in November 20 emergency room on fall that day resulting eye. Nursing notes of falls with injuries for 19/9/17 - "heard a bresident lying face do Resident bleeding from assessment revealed on bridge of nose and Cleansed and bandar for transfer to ER" 11/7/17 at 6:21 p.m. to check to see, found with bedside table on itResident has min with minor bleeding for Band-Aid to bridge of 11/23/17 at 7:11 p.m. by cna [certified nurs roommate found him beside his bed with hassessed no injury removed and skid so 11/26/17 at 1:15 p.m. roomupon entering resident lying on the bed, in front of w/c [versident denied fallin middle finger, cleaned injuries noted at this	from January through e resident experienced six 17 prior to being sent to the 11/28/17 following the third in a laceration above his left documented the following Resident #1 during 2017. ump, entered room observed own on floor by his bed. om head area. Further d deep gash from chin, cut d cut to L [left] eyelid. ge applied. Transport call - "Heard a loud noise, went d resident in floor, on knees verturned with resident over or scratch on bridge of nose from left nostrilApplied f nose" "this nurse called to room lest aide] feeding residents [Resident #1] lying on floor his legs over the trash can lassisted back to bed socks locks applied." "heard noise in g the room, observed right side at the foot of the wheelchair]. when asked g. laceration noted to right d and dressed. no other timebruise noted to left wrist and all digits. some	F 6	interventions were implement notified and careplan was revised for fall/injury prevents of maintain continued computative Improvement (QI) Nother results of the audits with Assurance Performance Im (QAPI) Committee on a quantificational issues are noted will be addressed immediate corrective action taken.	eviewed and/or ation. Diance the lurse will share in the Quality provement arterly basis. If those issues		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495318	B. WING				04/2018
	ROVIDER OR SUPPLIER		•	62	REET ADDRESS, CITY, STATE, ZIP CODE 11 BERRY HILL ROAD OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 657	room and was advised in the bathroomrest the bathroom with wild door. Resident state go to the bathroom a stated that he was not or discomfort" (sic) 11/28/17 at 4:18 p.m. noiseresident was roommates side of the that the chair turned into the floor" (sic) 11/28/17 at 9:15 p.m. floor by CNA, call wrobserved on the floo bleeding from what a also noted to the bac notedresident respresponsive when ser room]Sent to Er for [physician] order. Reday" Resident #1's plan or the resident was at rihistory, unsteady gaithrowing self in floor were no revisions an plan of care following. The care plan made actual falls in 2017 of alls starting in Noveinterventions for fall/ianalyze previous fall	"Was called to residents ed that resident was in floor ident was sitting in floor in neelchair sitting at bathroom ed that he was attempting to and got too fastResident of hurtNo complaint of pain "Heard loud sitting in the floor on ne room. Resident stated around on him and he fell "Resident found on the iter to room. Resident r with call bell in hand appears to be left eye. Blood ck of head. facial swelling onsive at time of fall and still	F	657			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495318	B. WING		C 01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	01/04/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 658 SS=G	rehab if needed, clutt within reach and non-The most recent revisinterventions was dated on 1/3/18 at 2:40 p.m (DON) was interviewed updates concerning F 2017. The DON state non-skid footwear an interventions. When had not been revised fall/injury prevention, On 1/4/18 at 10:05 a. interviewed about Readministrator stated to reviewed and updated These findings were administrator and directions. Services Provided Months.	er, low bed, rest periods, er free environment, call bell eskid strips in floor by bed. Sion to the fall prevention ed 9/14/15. In the director of nursing ed about any care plan Resident #1's falls during ed she thought they added do checking Dilantin levels as asked why the care plan with interventions for the DON had no response. In the administrator was sident #1's care plan. The he care plan should be do after any accident. In the every side of the province of the plan should be do after any accident. In the every side of the province of the pr	F 65		2/4/18
	The services provide as outlined by the commust- (i) Meet professional This REQUIREMENT by: Based on staff interview, clinical record investigation, the faci professional standard	d or arranged by the facility, mprehensive care plan,		Resident #1 is no longer a resident of facility. The DON and/or ADON will conduct at audit of all labs for the past 30 days to	n

CENTER	3 FOR WEDICARE &	MEDICAID SERVICES				OIVID IVC	7. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		495318	B. WING			01/	04/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
RERRY HI	LL NURSING HOME			62	21 BERRY HILL ROAD		
DEIXIXI III	LE NORONO HOME			S	OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
					DEFICIENCY)		
F 658	Continued From page 18			658	ensure labs were obtained as ordered	and	
	A) An abnormal Dilan			the physician was notified of the result			
	·	icated to the physician.			and orders received were relevant rela		
		osage of the anti-seizure			to the lab results. A skin check will be	icu	
	_	Phenytoin) was increased			conducted on all residents by the		
	1	already high in response to			Treatment nurse and/or Administrative	<u> </u>	
	the miscommunicated				Nurses (DON, ADON, SDC, QI nurse		
	increased dosage caused the resident's Dilantin				and/or MDS Nurse and the physician v	vill	
	level to exceed therapeutic levels resulting in				be notified of any new areas noted. A	il .	
	hospitalization for treatment of Dilantin toxicity				orders will be carried out as received.		
	I -	injury associated with the					
	toxic Dilantin levels (f	narm).			All Licensed Nurses (RN's and LPN's)		
					were re-educated by Administrative		
	1	nced a laceration to his left			Nurses (DON, ADON, SDC, QI nurse		
		nent injury to the left pinky			and/or MDS Nurse) on accurate		
	_	the right middle finger,			notification to MD of lab results and		
		sions to his knees and			process for MD notification and on		
	swelling of his face do associated with toxic	•			completing weekly skin checks and documenting findings. As well as		
		e was no evidence of any			conducting skin checks after an incide	nt	
	questioning or verifica				and documenting any skin areas		
	, ,	it's Dilantin when a lab result			descriptively and notifying the doctor of	of	
		els were already high. In			the skin areas.		
	inaccurately transcrib	ed onto the medication			Administrative Nurses (DON, ADON,		
	I .	(MAR) resulting in Dilantin			SDC, QI Nurse and/or MDS Nurse) wil		
	_	t days not according to the			review during morning clinical meeting		
	order.				new orders (medication and labs) and		
	D) N				initial the order slip, to ensure they are		
	B) Nurses also failed				transcribed, carried out accurately and		
		ugh assessment of Resident			labs obtained as ordered. The		
	I .	right middle finger at the 6/17. The laceration was			Administrative Nurses (DON, ADON,	or	
	later assessed by the				SDC, QI Nurse, Treatment Nurse and/ MDS Nurse) will review during morning		
		tending to the joint capsule			clinical meeting utilizing the Clinical	3	
	and as beyond the tir				Meeting form to ensure all skin areas a	are	
	and as seyond the th	no name for satures.			documented thoroughly.	A1 C	
	The findings include:				assamonted anoroughly.		
					To maintain continued compliance the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495318	B. WING		0.	C I/ 04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	170-472010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 658	11/28/17. Diagnoses seizure disorder, interesident experier eyebrow region, ligar finger, a laceration to several bruises/abrasswelling of his face diassociated with toxic Dilantin levels. There questioning or verification, the resider result indicated Dilantin laddition, the resider inaccurately transcrib administration record	nitted to the facility on charged to the hospital on for Resident #1 included lectual disability, heart driplegia, cognitive t, dementia, diabetes and mum data set (MDS) dated esident #1 with moderately lills. This MDS assessed is continent of bowel/bladder lision with set up help only g and toileting. In dosage of the anti-seizure Phenytoin) was increased already high in response to ab test result. The lused the resident's Dilantin peutic levels resulting in latment of Dilantin toxicity injury associated with the marm). Inced a laceration to his left ment injury to the left pinky the right middle finger, lisions to his knees and ue to repeated falls	F 65	ADON and/or Treatment Nur the results of the audits with Assurance Performance Imp (QAPI) Committee on a quar additional issues are noted ti will be addressed immediate corrective action taken.	the Quality provement rterly basis. If hose issues		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C 01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	0110412010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	Continued From pag		F 6	558		
	physician's order da 100 mg (milligrams) an order dated 3/3/1 be given at 2:00 p.m treatment/prevention documented a physifor a Dilantin level to A lab report dated 1 resident's Dilantin (fhigh at 2.5 mg/L (mi compared to the refing/L. A nurse docuphysician of the lab was documented on Resident #1's Dilantin per day and 100 mg day in response to the sident was documented on the sident #1's Dilantinger day and 100 mg day in response to the sident was documented on the sident #1's Dilantinger day and 100 mg day in response to the sident was documented on the sident was documented wa	n of seizures. The record fician's order dated 11/15/17 be obtained on 11/16/17. 1/18/17 documented the ree) level on 11/16/17 was lligrams per liter) as erence range of 1.0 to 2.0 mented notification to the results. A telephone order 11/18/17 increasing in dosage to 200 mg twice at be given at 2:00 p.m. each the lab test. This order also as to repeat the resident's				
	"[Physician] informe 2.5, order given to g every morning and e mg by mouth at 2 pr	d 11/18/17 documented, d of resident Dilantin level ive Dilantin 200 mg by mouth every evening and to give 100 m daily. Dilantin level to be placed in lab book to check				
	inaccurately entered 2017 medication ad The order for Dilanti not added to the MA continued to be adm twice per day from 1 The resident's 2:00	creased Dilantin doses was I on the resident's November ministration record (MAR). In 200 mg twice per day was I will 11/26/17. Resident #1 ministered Dilantin 100 mg 1/18/17 through 11/25/17. In p.m. dose of Dilantin was ing to 100 mg starting on				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		E SURVEY IPLETED
		495318	B. WING _		0.	C I/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		1704/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 658	doses of Dilantin wer starting on 11/26/17 the administered Dilantin resident's total daily of as follows: prior to 1 day; 11/18/17 through per day; 11/26/17 untigiven 500 mg per day. The clinical record do level on 11/24/17 as of the clinical record do level on 11/24/17 as of the clinical record do level on 11/24/17 as of the clinical record do Resident #1 in Nover doses increased. The fall (on 9/9/17) from Journal of the company of the following falls with during November 2017 prior emergency room on fall that day (11/28/17 above his left eye. November 2017 the following falls with during November 2017 to check to see, found with bedside table ovitResident has mind with minor bleeding for Band-Aid to bridge of 11/23/17 at 7:11 p.m. by cna [certified nurs roommate found him beside his bed with here.]	The twice per day 100 mg e stopped on 11/25/17 and he resident was 200 mg twice per day. The dose of Dilantin progressed 1/18/17 received 250 mg per in 11/25/17 was given 300 mg iil discharge on 11/28/17 was given 2017 as the Dilantin prodered by the physician. The resident had only one prior danuary through October of experienced six falls in to being sent to the 11/28/17 following the third given in a laceration ursing notes documented in injuries for Resident #1 17. The "Heard a loud noise, went do resident in floor, on knees enturned with resident over or scratch on bridge of nose from left nostrilApplied in nose" This nurse called to room es' aide] feeding residents [Resident #1] lying on floor is legs over the trash can assisted back to bed socks	F6	558		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3		TE SURVEY MPLETED
		495318	B. WING	 		C 01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	11/26/17 at 1:15 p.m roomupon enterin resident lying on the bed, in front of w/c [resident denied fallin middle finger, cleand injuries noted at this hand. able to move edema noted to left 11/28/17 at 1:42 p.m room and was advis in the bathroom with w door. Resident statego to the bathroom stated that he was nor discomfort" (sic 11/28/17 at 4:18 p.m noiseresident was roommates side of that the chair turned into the floor" (sic) 11/28/17 at 9:15 p.m floor by CNA, call w observed on the floor bleeding from what also noted to the banotedresident respresponsive when se room]Sent to Er fo [physician] order. Resident #1 was set	in "heard noise in ag the room, observed a right side at the foot of the wheelchair]. When asked ang. laceration noted to right and dressed. No other a timebruise noted to left wrist and all digits. some hand" In "Was called to residents and that resident was in floor in wheelchair sitting at bathroom and got too fastResident not hurtNo complaint of pain (a) In "Heard loud as itting in the floor on the room. Resident stated around on him and he fell on "Resident found on the riter to room. Resident or with call bell in hand appears to be left eye. Blood ck of head. facial swelling ponsive at time of fall and still	F 68	58		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495318	B. WING _			C 1/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	1704/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 658	resident's Dilantin dod dated 11/27/17 docur the weekend that [Re He had several additinurse's opinion that h floor, not actually falli administration record chartSpeech is quit up in a wheelchair, but recently" The physmention of the reside inaccurate Dilantin ermissed Dilantin level The facility's investigation was not conducted undischarge. The investigation dated 11/18/17 orders translab work illegible on ladout resulted in reside freq [frequent] falls readmitted to hospital." A physician's progress 11/30/17 documented [director of nursing], in weeks ago I was called told the patient's Dilantin level was taking his prescribed per day]. She said he ordered a significant in follow-up Dilantin level taken off and the labels.	nade no mention of the sage. This progress note nented, "I was called over sident #1] had some falls onal falls and it was the e was putting himself on the ngMedication is reviewed in e garbled. He is generally ut has had more falls ician's note made no nt's Dilantin levels, atry on the MAR or the lab due on 11/24/17. Ation of the Dilantin error ntil after the resident's tigation included 11/29/17 stating, "On cribed to MAR incomplete + abbook no requisition filled ints increased impairment + sulted in resident being	F6	558		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE COMP	SURVEY
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		495318	B. WING			1	04/2018
	ROVIDER OR SUPPLIER	1	1	62	TREET ADDRESS, CITY, STATE, ZIP CODE 21 BERRY HILL ROAD OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 658	11/28/17 documente upon arrival with Dila abnormally high Dila report dated 11/28/1 Dilantin level as a "cug/mL (micrograms prange of 10.0 to 20.0 diagnosed with multi addition to a laceratic laceration to the righ history and physical documented, "Pt [pa [emergency departm has bandaged laceratinger. Bruising to the chin and both known the left ear as well as medical services] state speech is normally services as worsened tonightL. Dilanton [Dilantin] of documented the lace left eye as superficial centimeters in length resident had " a demiddle finger that ap contusion/hematoma able to make a fist we middle finger flexes a is a deep laceration a interphalangeal] joint capsule and the finger that proposed and the finger that and antibiotic splinted and antibiotic.	dency room report dated d the resident was diagnosed antin toxicity due to an intin level. The ER report lab 7 documented Resident #1's ritical value" measuring 40.6 per milliliter) with a reference of ug/mL. The resident was ple bruises and abrasions in on above his left eye and a tomiddle finger. The ER report dated 11/28/17 tient] arrives to the ED itent] with multiple injuries. Ptotation to the right middle in left eye. EMS [emergency in the states of the provider of the states of the entire left handis in the right hand and the against resistance, but there at the PIP [proximal to the states of the lead of the cleaned, finger of the states of the states of the lead of the	F	658			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	TIPLE CONSTRUCTION NG		(X3) DATE S COMPL	
		495318	B. WING _			01/0) 04/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE	1 01/0	7-7-2010
DEDDY	III NUIDONIO HOME			621 BERRY HILL ROAD			
BEKKY HI	LL NURSING HOME			SOUTH BOSTON, VA 24592			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	T BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 658	Continued From page	e 25	F 6	658			
	laceration above the cleansed and closed orthopedic consultation documented, "eviden superficial injuries aft With these falls, appainjuries contusion to laceration to the left lamanaged in the emerapparently had both laceration intactattendemonstrated no acual fingerThe wound was traverse laceration apparently palm] aspe	on report dated 11/30/17 tly was admitted with er reported multiple falls arently, had some other his face with a 2 cm ateral eyebrow area that was regency room. He also knees with abrasions, but tion to the right hand x-rays te fracture of the middle as not repaired. It was a approximately of 2 cm across ct of the proximal Since the wound is at least injury, this will heal					
	documented, "He [I with falls and several appears to have been toxicity" The reside from 11/28/17 until 12 discharge summary or resident's primary dia toxicity. This summa [Resident #1] present reported multiple falls resulting in multiple as a 1.5 cm simple laeye brow region His and it was found to be [on 11/29/17] (referent was admitted with Dilinstability was likely resident several	ion report dated 12/3/17 Resident #1] was admitted orthopedic injuries. This is secondary to Dilantin ent remained hospitalized 2/8/17. The hospital dated 12/8/17 listed the agnosis as acute Dilantin ry report documented, "He ted to the hospital with at the local nursing home brasions and bruises as well ceration to the left lateral is Dilantin level was checked as significantly elevated at 32 noce range is 10 - 20) He antin toxicity. His gait elated to this. Dilantin was els were checked until it					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		170472010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 658	revealed no physicia "free" Dilantin level. Resident #1's plan of documented prior to required minimal assiving. This care plan potential for injury du Interventions for seiz "Administer medication physicianMonitor for medication, i.e., head anxiety depression, publication diplopia [double vision ataxia [poor muscle on nausea, vomiting, dia and rash and notify punterventionObtain	sident #1's clinical record n's order at the facility for a f care (revised 7/26/17) November the resident istance with activities of daily a stated the resident had be to history of seizures. ure prevention included, ons as ordered by the or adverse side effects of dache, drowsiness, insomnia, osychosis, blurred vision, on], dizziness, numbness, coordination], tremor, arrhea, gingival hyperplasia, ohysician for evaluation and and monitor serum eation levels as ordered and	F 6				
	Dilantin lab test to the inaccurately entered MAR was not available longer worked at the On 1/3/18 at 2:00 p.r. nurse (LPN #1) that volving unit was interving unit was interving the facility and was stated prior to November 1.	n. the licensed practical worked on Resident #1's ewed. LPN #1 stated propelled himself around alert and active." LPN #1 hber 2017 the resident had t falls and the resident was					

OLIVILIV	OT OIL MEDIONILE &	WEDIO/ WD OLITVIOLO				CIVID ITC	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
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NAME OF PI	ROVIDER OR SUPPLIER	1		S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
				6	21 BERRY HILL ROAD		
BERRY HI	LL NURSING HOME			s	SOUTH BOSTON, VA 24592		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 658	Continued From page	e 27	F	658			
		n. the resident's physician	•	000			
		ut the diagnosed Dilantin					
	toxicity and associate						
	_	physician stated he was					
		orking on 11/18/17 and					
	· ·	dent's Dilantin level was 2.5.					
	The physician stated	he had ordered a regular					
	Dilantin level and not	a "free" Dilantin level. The					
		normal range for regular					
		so he understood the					
		rel was low. The physician					
		nurse if the resident had					
	been taking his curre						
		e advised that the resident medications as ordered. The					
		nurse never told him that the					
	1	a "free" Dilantin level so he					
		s a regular Dilantin level.					
	_	the normal ranges were very					
		Dilantin (1.0 to 2.0) as					
		ar Dilantin level (10.0 to					
		stated he understood the					
	Dilantin level of 2.5 to	be very low so he ordered					
	an increase in the Dil	antin. The physicians					
		at he [Resident #1] was on					
		gh." The physician stated					
		nunication about the lab					
		the toxicity. When asked if					
		sed falls in November 2017					
		ilantin toxicity, the physician					
	stated, That's certain	nly possible." The physician					
		nanges. The physician					
		nay have not been able to					
		y visual changes associated					
		tin levels. The physician					
		dered a follow up Dilantin					
		7) and that lab was never					
		s stated he was not aware of					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION IG		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		1/04/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO I DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 658	Continued From pag	e 28	F 6	558		
	the Dilantin toxicity u	ntil the emergency room were reported to the facility				
	director of nursing (D the Dilantin error with administrator stated in Dilantin toxicity when came to the facility of the emergency rocadministrator stated in history of frequent fan November 2017 was The administrator stated in the lab system as a "a a total Dilantin. The nurse also transcribe 11/18/17 inaccurately medication administrator stated of the lab result on 1 thinking the 2.5 level level instead of a "frestated on 11/26/17 a review of the MAR and Dilantin error listed in MAR. The DON state was found on 11/26/2 and the resident star of Dilantin per day as physician on 11/18/1 physician was notified on 11/26/17 so that Deen re-checked, the Concerning the reperscheduled to be done.	she was made aware of the adult protective services in 11/30/17 and advised them of findings of 11/28/17. The the resident did not have a lls and the pattern of falls in not typical for Resident #1. ated when the physician gave intin level it was entered into free" Dilantin level instead of administrator stated this ad the Dilantin order of y onto the resident's				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED
		495318	B. WING			C 01/04/2018
	ROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE 621 BERRY HILL ROAD SOUTH BOSTON, VA 245	,	01/04/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECT CROSS-REFERENCE	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)	DATE
F 658	stated it was listed or employees stated the did not draw blood or On 1/4/18 at 10:45 a options in their lab er levels. The DON stain the computer syste included a Dilantin level was ord selected option 1 "Di Free." The DON stain difference in the resultant of the facility's undated Administration stated shall be notified imm medication errorsN administered unless pharmacology of the effects and contraind the following principle medicationIn the rigrouteBy the right more than the following and insome nursing consideration more dizziness, headache vomiting and insome nursing consideration	in the lab sheet but the lab be entry was "illegible" so they in complete the test. I.m. the DON displayed the intry system for Dilantin ited there were three options are for Dilantin. The options evel, Dilantin Free + total and incomplete the nurses should have lantin level" and not "Dilantin ited, "There is a big ints." If policy titled Medication is a policy of all significant is medication shall be the nurse is familiar with the drug, its potential toxic licationsAny deviation from the shall be considered a shall be considered a the right into of the right into of the right into of the right into into ited int	Fé	558		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	1000		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	<u> </u>	01/04/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	[micrograms per milli of free phenytoin is 1 Doubling the dose do may cause toxicity. specific dosing recor	liter]. The therapeutic range to 2 mcg/mLAlert: besn't double the level but Consult pharmacist for nmendations" (1)	F 6	558		
	thorough assessmento his right middle fin laceration was assess 11/27/17 as not suita swelling and risk of it since the actual injurassessed at the eme	ocument and communicate a at of Resident #1's laceration ger at the time of injury. The seed by the physician on ble for sutures because of a fection due to length of time by. The laceration was a regency room on 11/28/17 as the joint capsule and as the for sutures.				
	nursing note dated 1 "heard noise in room observed resident lyi foot of the bed, in fro asked resident denie right middle finger, cl other injuries noted a left hand. able to mo edema noted to left h	I record documented a 1/26/17 at 1:15 p.m. stating,upon entering the room, ng on the right side at the nt of w/c [wheelchair]. when d falling. laceration noted to leaned and dressed. no at this timebruise noted to love wrist and all digits. some hand" The note stated the hisible party were notified.				
	finger laceration in R other than "laceration finger." The nursing dated 11/26/17 docuindicating the exact lappearance of the la report dated 11/26/13	nented assessment of the esident #1's clinical record in noted to right middle notes and fall incident report mented no description ocation, length, depth or ceration. The fall incident 7 documented only, right middle finger" A skin				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495318	B. WING		01/0	4/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 658	condition flowsheet da "resident has a lacera finger." This assessme act location, length description of the cut. A physician's progres documented the reside palm surface of the right been previously dress stated, "There is a lace the palmar surface of There is no active ble margins are separate due to the swelling, bor sign of infection A margins have separate the dressing. It does yet, but likely will be inframe for suturing" The resident was sen (ER) on 11/28/17 follor report dated 111/28/1 deep abrasion on the appears to be old is right hand and the mirresistance, but there in PIP [proximal interphalinto the joint capsule in hyperextended at the be cleaned, finger spl given" An orthoped documented, "a trarapproximately of 2 cm volar [palm] aspect of	ated 11/27/17 documented, ation noted to the right third nent sheet documented no a depth, appearance or a note dated 11/27/17 dent had a laceration to the ght middle finger that had sed by nursing. This note ceration transversely across the proximal phalanx. eding or drainage. The da few mm [millimeters] at no surrounding redness as swelling developed the red, but were not seen under not appear to be infected infected and beyond the time of the tothe emergency room a wing multiple falls. The ER of documented, "has a right middle finger that able to make a fist with the ddle finger flexes against a deep laceration at the calangeal] joint which extends and the finger can be PIP joint. The wound will inted and antibiotics ic report dated 11/30/17 insverse laceration in [centimeters] across the the proximal since the wound is at least injury, this will heal	F 65	58		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		ATE SURVEY MPLETED
		495318	B. WING _			C 01/04/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	3110-42-20-10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	was interviewed abore finger laceration. The called him and advise finger during a fall or stated he was not medepth of the laceration when he evaluated to 11/27/17 the edges of and swelling was presince the laceration to put in sutures due. On 1/3/18 at 2:40 p.I (DON) was interviewed thorough assessment laceration. The DON and wound treatment no documentation designed.	m. the resident's physician out Resident #1's right middle be physician stated a nurse led him the resident cut his in 11/26/17. The physician ade aware of the degree or on. The physician stated he laceration the next day on of the wound were separated esent. The physician stated was a day old it was too late to a risk for infection. m. the director of nursing ared about a documented, and of Resident #1's finger in reviewed the nursing note at record and stated there was escribing the laceration other ght middle finger. The DON	Fé	558		
	should have been in on the wound flow si the physician at the stated the depth, lend #1's right middle fing by what was documed. The nurse caring for the time of the injury interview as she not the Lippincott Manuelition states on page standards of care, "A should be document clear, concise statem."	Resident #1 on 11/26/17 at was not available for longer worked at the facility. al of Nursing Practice 10th ges 16 and 17 concerning A deviation from the protocol ed in the patient's chart with				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION G	I ' '	TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	'	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 658	should be done at the because passage of accurate recollection claims most common professional nurses i departures from apprassess the patient profollow physician order measures, communic patient, adhere to fact document appropriate record, administer more follow physician's order question or not follow containing medication. These findings were administrator and DC (1) Rader, Janet, Don Trujillo. Nursing 2017 Philadelphia: Wolter (2) Nettina, Sandra Moursing Practice. Phealth/Lippincott Will Free of Accident Haz CFR(s): 483.25(d) Accidents The facility must ensign §483.25(d) (1) The reas free of accident has §483.25(d)(2)Each research a	ny apparent deviation. This is time the care is rendered time may lead to a less than of the specific eventsLegal ally made against include the following copriate care: failure to operly or in a timely fashion, is, follow appropriate nursing cate information about the callity policy or procedure, information in the medical edications as ordered, and allers that should have been aved, such as orders in dosage errors." (2) Treviewed with the DN on 1/4/18 at 10:30 a.m. Tothy Terry and Leigh Ann are Torigon Terry and Leigh Ann are Tori	F 6			2/4/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	I . ,	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	·	70-7/2010	
				621 BERRY HILL ROAD			
BERRY HI	LL NURSING HOME			SOUTH BOSTON, VA 24592			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 689	Continued From page	e 34	F 6	89			
	by: Based on staff intervereview, clinical record investigation, the facinterventions for fall/ithree residents in the #1 had no intervention safety and promote famultiple falls in the facintervention safety and promote famultiple falls in the facint fall was admitived in the facint fall was admitived failure, functional quad communication deficing psychosis. The minimultiple fall was admitived failure, functional quad communication deficing psychosis. The minimultiple fall was admitted failure, functional quad communication deficing psychosis. The minimultiple fall was admitted failure, functional quad communication deficing psychosis. The minimultiple fall was admitted failure, functional quad communication deficing psychosis. The minimultiple fall was admitted failure	nitted to the facility on charged to the hospital on for Resident #1 included llectual disability, heart		Resident #1 is no longer facility. An audit was completed Administrative Nurses (D SDC, QI Nurse and/or MI current residents that have during past 30 days to er interventions were impler in place; as well as the careviewed and/or revised All Licensed Nurses were re-educated by Adn Nurses (DON, ADON, SI and/or MDS Nurse) on pand Investigation of Resi Incidents to include notific intervention implementations. The Administrative Clinic	by the DON, ADON, DS Nurse) of all we had falls nsure mented and are areplan was for the resident. (RN's and LPN's) ministrative DC, QI nurse olicy of reporting ident Events and ication of change, ion and care plan		
	Resident #1's clinical record documented ncreased falls starting in November 2017. The resident had only one prior fall (on 9/9/17) from January through October of 2017. The resident experienced six falls in November 2017 prior to being sent to the emergency room on 11/28/17 following the third fall that day (11/28/17) resulting in a laceration above his left eye. Nursing notes documented the following falls with injuries for Resident #1 during 2017.			include but not limited to SDC, QI Nurse and MDS review all falls during mo meeting that occurred sir meeting using the Incider Reports Review form to einterventions were impler notified and careplan was revised for fall/injury prevised for fall/injury previous fall/injury previous for maintain continued conductive fall/injury previous f	DON, ADON, S Nurse) will straing clinical nce previous nt/Accident ensure mented, MD was s reviewed and/or vention. ompliance the) Nurse will share with the Quality Improvement quarterly basis. If ed those issues		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		(X3) DATE COMP	SURVEY LETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT 621 BERRY HILL ROA SOUTH BOSTON, V	AD	1 017	04/2016
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F 689	9 Continued From page 35 Resident bleeding from head area. Further		F 6		on takon		
	assessment revealed on bridge of nose and	deep gash from chin, cut		corrective action	on taken.		
	to check to see, found with bedside table over itResident has mind	"Heard a loud noise, went d resident in floor, on knees erturned with resident over or scratch on bridge of nose om left nostrilApplied nose"					
	11/23/17 at 7:11 p.m "this nurse called to room by cna [certified nurses' aide] feeding residents roommate found him [Resident #1] lying on floor beside his bed with his legs over the trash can assessed no injuryassisted back to bed socks removed and skid socks applied."						
	bed, in front of w/c [w resident denied falling middle finger, cleaned injuries noted at this t	the room, observed right side at the foot of the heelchair]. when asked g. laceration noted to right d and dressed. no other imebruise noted to left wrist and all digits. some					
	room and was advise in the bathroomresi the bathroom with wh door. Resident stated go to the bathroom an	- "Was called to residents d that resident was in floor dent was sitting in floor in eelchair sitting at bathroom d that he was attempting to no got too fastResident t hurtNo complaint of pain					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C 01/04/2018	
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COL 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CC ((EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	roommates side of the that the chair turned into the floor" (sic) 11/28/17 at 9:15 p.m floor by CNA, call we observed on the floor bleeding from what also noted to the barnotedresident respresponsive when se room]Sent to Er fo [physician] order. R day" Resident #1's plan of the resident was at a history, unsteady gathrowing self in floor were no revisions and plan of care following. The care plan made actual falls in 2017 of falls starting in Nove interventions for fall/ analyze previous fall wheelchair, non-slip brake system on who periods, rehab if need environment, call be strips in floor by bed the fall prevention in 9/14/15.	in "Heard loud sitting in the floor on the room. Resident stated around on him and he fell in "Resident found on the riter to room. Resident or with call bell in hand appears to be left eye. Blood ck of head. facial swelling bonsive at time of fall and still int to er [emergency or eval [evaluation] per MD resident's third fall of the interest of falls due to a fall it, unsteady balance and for attention seeking. There ind/or updates to the resident's or the increased frequency of or the increased frequency of or the falls in 2017. Care plan injury prevention included, its for trends, anti-tipper on socks, wing mattress, auto eelchair, low bed, rest	F	689			
	were reviewed. The	fall report dated 11/7/17 y discussion with the resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495318	B. WING	B. WING			C 01/04/2018	
	ROVIDER OR SUPPLIER		•	62	TREET ADDRESS, CITY, STATE, ZIP CODE 21 BERRY HILL ROAD OUTH BOSTON, VA 24592	, <u> </u>	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 689	also discuss ordering report dated 11/23/17 and non-skid socks a plan prior to the fall li supposed to have on dated 11/26/17 docur done due to increase dated 11/28/17 at 1:2 p.m. documented the about using the locks resident's care plan puthe resident was supwith an "auto" brake smention about the canot in use at the time wheelchair with autono other interventions following the resident On 1/3/18 at 2:40 p.m (DON) was interviewed implemented to prome	hen tired and stated, "will a new Dilantin level" The 'stated socks were removed pplied. The resident's care sted the resident was non-skid socks. The report mented a urinalysis was d confusion. The fall reports 2 p.m. and 11/28/17 at 4:02 resident was re-educated on the wheelchair. The errior to the fall documented cosed to have a wheelchair system. There was no re plan interventions found of the falls (non-skid socks, lock brakes) and there were is listed or implemented 's falls. h. the director of nursing ed about any interventions ote safety for Resident #1	F	689				
	checked the resident interventions. When supervision or other i Resident #1 from falls response. On 1/4/18 at 10:05 a. interviewed about Reinterventions. The acplan should be review accident. These findings were	on-skid footwear and s Dilantin level as asked about any increased interventions to prevent sinjury the DON had no m. the administrator was sident #1's falls and lack of dministrator stated the care wed and updated after any						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495318	B. WING			C 01/04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		1704/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 689 F 760 SS=G	Continued From page 10:30 a.m. Residents are Free of CFR(s): 483.45(f)(2) The facility must ensure §483.45(f)(2) Resident medication errors. This REQUIREMENT by: Based on staff intervity review, clinical record investigation, the faci of three residents in the from a significant medication Dilantin (flawhen his Dilantin lever response to a miscon The increased dosag Dilantin level to exceed resulting in hospitalization Dilantin toxicity and in associated with the toxic The resident experience eyebrow region, ligant finger, a laceration to	f Significant Med Errors are that its- ints are free of any significant is not met as evidenced iew, facility document it review and complaint lity staff failed to ensure one he survey sample was free dication error (Resident #1). cosage of the anti-seizure Phenytoin) was increased els were already high in inmunicated lab test result. ie caused the resident's ed therapeutic levels ation for treatment of nultiple falls with injury inced a laceration to his left inent injury to the left pinky the right middle finger, sions to his knees and	F 68	DEFICIENCY)	ent of this ON, e) of all e last 30 R) and to ed as e Physician ders were LPN□s) ve urse f ation	2/4/18	
	associated with toxic Dilantin levels. The findings include:			orders and Notification of Physicia change in resident's condition and medication error policies.	an for		
	11/28/17. Diagnoses	nitted to the facility on charged to the hospital on for Resident #1 included llectual disability, heart		Administrative Nurses (DON, ADC SDC, QI Nurse and/or MDS Nurs review during morning clinical me new orders (medication and labs) initial the order slip, to ensure the	e) will eeting all and will		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 760	psychosis. The minir 10/12/17 assessed R impaired cognitive sk Resident #1 as alway and to require superv for transfers, dressing. Resident #1's clinical physician's order date 100 mg (milligrams) than order dated 3/3/17 be given at 2:00 p.m. treatment/prevention documented a physic for a Dilantin level to A lab report dated 11 resident's Dilantin (from high at 2.5 mg/L (mill compared to the referment/s). A nurse documented on Resident #1's Dilantin per day and 100 mg aday in response to the included instructions Dilantin level on 11/2. A nursing note dated "[Physician] informed 2.5, order given to give every morning and even g by mouth at 2 pm	adriplegia, cognitive t, dementia, diabetes and mum data set (MDS) dated desident #1 with moderately ills. This MDS assessed vs continent of bowel/bladder vision with set up help only g and toileting. record documented a ded 3/3/17 for Dilantin chew to be given twice per day and of for Dilantin chew 50 mg to each day for of seizures. The record dian's order dated 11/15/17 be obtained on 11/16/17. /18/17 documented the dee) level on 11/16/17 was igrams per liter) as rence range of 1.0 to 2.0 mented notification to the desults. A telephone order 11/18/17 increasing of dosage to 200 mg twice at be given at 2:00 p.m. each de lab test. This order also to repeat the resident's	F 76	transcribed, carried out accurobtained as ordered and rest accurately reported to the ph To maintain continued compl DON will share the results of with the Quality Assurance P Improvement (QAPI) Commit quarterly basis. If additional inoted those issues will be additional immediately and corrective a	ults lysician. liance the the audits lerformance ttee on a lissues are ldressed			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 760	inaccurately entered 2017 medication and The order for Dilanti not added to the MA continued to be adm twice per day from 1 The resident's 2:00 pincreased from 50 m 11/18/17 as ordered doses of Dilantin we starting on 11/26/17 administered Dilantin resident's total daily as follows: prior to day; 11/18/17 througher day; 11/18/17 througher day; 11/26/17 ur given 500 mg per day The clinical record devel on 11/24/17 as The clinical record devel on 11/24/17 as The clinical record devel on 11/24/17 from 2017. The resident Wovember 2017 price mergency room on fall that day resulting eye. Nursing notes falls with injuries for November 2017. 11/7/17 at 6:21 p.m. to check to see, four with bedside table oitResident has min	reased Dilantin doses was on the resident's November ministration record (MAR). In 200 mg twice per day was R until 11/26/17. Resident #1 inistered Dilantin 100 mg 1/18/17 through 11/25/17. O.m. dose of Dilantin was 19 to 100 mg starting on 100 mg starting on 11/25/17 and 11/25/17 and 11/25/17 and 11/25/17 and 11/25/17 was 11/25/17 ollowing the third 11/25/17 following the third 11/25/17 following the third 11/25/17 following the third 11/25/17 following the following	F 7	60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 760	by cna [certified nur roommate found hir beside his bed with assessed no injury. removed and skid s 11/26/17 at 1:15 p.n roomupon enterir resident lying on the bed, in front of w/c [resident denied falli middle finger, clean injuries noted at this hand. able to move edema noted to left 11/28/17 at 1:42 p.n room and was advis in the bathroom with w door. Resident stat go to the bathroom stated that he was ror discomfort" (sic 11/28/17 at 4:18 p.n noiseresident was roommates side of that the chair turned into the floor" (sic 11/28/17 at 9:15 p.n floor by CNA, call w observed on the floor	of nose" n "this nurse called to room ses' aide] feeding residents in [Resident #1] lying on floor his legs over the trash can assisted back to bed socks ocks applied." n "heard noise in ing the room, observed eright side at the foot of the wheelchair]. When asked ing. laceration noted to right ed and dressed. no other is timebruise noted to left ewist and all digits. some hand" n "Was called to residents sed that resident was in floor in wheelchair sitting at bathroom ed that he was attempting to and got too fastResident not hurtNo complaint of pain in the floor on the room. Resident stated if around on him and he fell	F 76				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	' '	(X3) DATE SURVEY COMPLETED		
		495318	B. WING		01/04/2018		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		3 110 -17 20 10	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 760	responsive when se room]Sent to Er fc [physician] order. F day" Resident #1 was se 11/27/17 for evalual right middle finger the physician's note resident's Dilantin dated 11/27/17 doct the weekend that [FHe had several add nurse's opinion that floor, not actually fa administration record chartSpeech is quup in a wheelchair, recently" The phymention of the residinaccurate Dilantin emissed Dilantin level the facility's investivas not conducted discharge. The invedocumentation date 11/18/17 orders trailab work illegible on out resulted in resid freq [frequent] falls admitted to hospital. A physician's progref 11/30/17 document [director of nursing] weeks ago I was call.	ponsive at time of fall and still ent to er [emergency or eval [evaluation] per MD Resident's third fall of the send by the physician on tion of the laceration to the nat occurred on 11/26/17 and made no mention of the osage. This progress note timented, "I was called over Resident #1] had some falls itional falls and it was the he was putting himself on the llingMedication and is reviewed in the lite garbled. He is generally but has had more falls visician's note made no lent's Dilantin levels, entry on the MAR or the lab due on 11/24/17. Igation of the Dilantin error timutil after the resident's estigation included and 11/29/17 stating, "On inscribed to MAR incomplete + labbook no requisition filled tents increased impairment + tresulted in resident being	F 76				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED		
	495318	495318 B. WING			C 01/04/2018	
	10010		STREET ADDRESS, CITY, STATE, ZIP COD 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		11/04/2018	
D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
asked if the patient vitaking his prescribed per day]. She said hordered a significant follow-up Dilantin levitaken off and the lab patient went to the horoom]" Resident #1's emerging 11/28/17 documente upon arrival with Dila abnormally high Dila report dated 11/28/11 Dilantin level as a "cuug/mL (micrograms prange of 10.0 to 20.0 diagnosed with multi addition to a laceratil laceration to the righ history and physical documented, "Pt [pa [emergency departm has bandaged laceratinger. Bruising to the chin and both know the left ear as well as medical services] starspeech is normally sworsened tonightL. Dilanton [Dilantin] of documented the lace left eye as superficial centimeters in length resident had " a demiddle finger that ap contusion/hematomatics."	vas actually receiving and I dose of 100 mg bid [twice we was taking it regularly. I increase in dose and a rel, but the order was not was not done until the ospital ER [emergency ency room report dated dother resident was diagnosed antin toxicity due to an intin level. The ER report lab of documented Resident #1's ritical value" measuring 40.6 for milliliter) with a reference of ug/mL. The resident was ple bruises and abrasions in into above his left eye and a standale finger. The ER report dated 11/28/17 tient] arrives to the ED rent] with multiple injuries. Ptation to the right middle in left eye. EMS [emergency left eye. Eye. Eye. EMS [emergency left eye. Eye. Eye. Eye. Eye. Eye. Eye. Eye.	F 76	60			
1	Continued From pagasked if the patient vaking his prescribed per day]. She said hordered a significant follow-up Dilantin lever taken off and the lab patient went to the horoom]" Resident #1's emergative 11/28/17 documented upon arrival with Dilar abnormally high Dilar report dated 11/28/17 Dilantin level as a "curreng of 10.0 to 20.0 diagnosed with multitaddition to a laceratical laceration to the righ history and physical documented, "Pt [paremergency departments bandaged laceratinger. Bruising to the chin and both known the left ear as well as medical services] starspeech is normally sworsened tonightL. Dilanton [Dilantin] of documented the laceratinger as superficial centimeters in length resident had " a demiddle finger that ap contusion/hematomatable to make a fist were as superficial to make a fist were as a fist were	A95318 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 asked if the patient was actually receiving and taking his prescribed dose of 100 mg bid [twice per day]. She said he was taking it regularly. I ordered a significant increase in dose and a follow-up Dilantin level, but the order was not taken off and the lab was not done until the patient went to the hospital ER [emergency	ROVIDER OR SUPPLIER ILL NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 asked if the patient was actually receiving and taking his prescribed dose of 100 mg bid [twice per day]. She said he was taking it regularly. I ordered a significant increase in dose and a follow-up Dilantin level, but the order was not taken off and the lab was not done until the patient went to the hospital ER [emergency room]" Resident #1's emergency room report dated 11/28/17 documented the resident was diagnosed upon arrival with Dilantin toxicity due to an abnormally high Dilantin level. The ER report lab report dated 11/28/17 documented Resident #1's Dilantin level as a "critical value" measuring 40.6 ug/mL (micrograms per milliliter) with a reference range of 10.0 to 20.0 ug/mL. The resident was diagnosed with multiple bruises and abrasions in addition to a laceration above his left eye and a laceration to the right middle finger. The ER history and physical report dated 11/28/17 documented, "Pt [patient] arrives to the ED [emergency department] with multiple injuries. Pt has bandaged laceration to the right middle finger. Bruising to the left hand. abrasion under the chin and both knees. Abrasion to the back of the left ear as well as left eye. EMS [emergency medical services] states that nurse states the pts speech is normally slurred however it has worsened tonightLab called to report abnormal Dilanton [Dilantin] of 40.6" The report documented the laceration above the resident's left eye as superficial and measured 1.5 centimeters in length. The note documented the resident had " a deep abrasion on the right middle finger that appears to be old also has contusion/hematoma of the entire left handis able to make a fist with the right hand and the	ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 43 asked if the patient was actually receiving and taking his prescribed dose of 100 mg bid [twice per day]. She said he was taking it regularly. I ordered a significant increase in dose and a follow-up Dilantin level, but the order was not taken off and the lab was not done until the patient went to the hospital ER [emergency room]" Resident #1's emergency room report dated 11/28/17 documented the resident was diagnosed upon arrival with Dilantin toxicity due to an abnormally high Dilantin level. 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The note documented the laceration above the resident's left eye as superficial and measured 1.5 centimeters in length. The note documented the laceration above the resident's left eye as superficial and measured 1.5 centimeters in length. The note documented the laceration above the resident had " a deepa parasion on the right middle finger that appears to be old	ROWIDER OR SUPPLIER 1 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED FROM BUSINESS AND FEATURE OF THE PROPERTY OF THE PROP	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 621 BERRY HILL ROAD	ZIP CODE	00	2010	
BERRY HI	LL NURSING HOME			SOUTH BOSTON, VA 24592				
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F 760 Continued From page 44		e 44	F 7	760				
	capsule and the finge the PIP joint. The wo splinted and antibiotic	which extends into the joint or can be hyperextended at ound will be cleaned, finger os given"						
	treatment that include antibiotics, withholdin along with daily monil laceration above the cleansed and closed orthopedic consultation documented, "eviden superficial injuries aft With these falls, appainjuries contusion to blaceration to the left lamanaged in the emer apparently had both a function intactattention demonstrated no acutingerThe wound witraverse laceration apthe volar [palm] aspection apparently apparently aspection	g all seizure medications toring of Dilantin levels. The resident's left eye was with skin glue. An on report dated 11/30/17 tly was admitted with er reported multiple falls urently, had some other his face with a 2 cm ateral eyebrow area that was gency room. He also knees with abrasions, but cion to the right hand x-rays te fracture of the middle as not repaired. It was a oproximately of 2 cm across ct of the proximal Since the wound is at least						
	secondarily requiring A physician consultat documented, "He [I with falls and several appears to have beer toxicity" The reside from 11/28/17 until 12 discharge summary or resident's primary dia toxicity. This summa	ion report dated 12/3/17 Resident #1] was admitted orthopedic injuries. This in secondary to Dilantin temained hospitalized						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 760	resulting in multiple as a 1.5 cm simple I eye brow regionHi and it was found to I [on 11/29/17] (refere was admitted with D instability was likely discontinued and lever trended back close to the trended back close to trended back close t	s at the local nursing home abrasions and bruises as well accration to the left lateral s Dilantin level was checked be significantly elevated at 32 nnce range is 10 - 20) He ilantin toxicity. His gait related to this. Dilantin was rels were checked until it o normal" Isident #1's clinical record as order for a "free" Dilantin of care (revised 7/26/17) November the resident sistance with activities of daily in stated the resident had use to history of seizures. Extre prevention included, ions as ordered by the or adverse side effects of dache, drowsiness, insomnia, psychosis, blurred vision, on], dizziness, numbness, coordination], tremor, arrhea, gingival hyperplasia, onlysician for evaluation and and monitor serum cation levels as ordered and esults"	F 760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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F 760	nurse (LPN #1) that validing unit was interving Resident #1 routinely the facility and was "a stated prior to Novem no history of frequentiable to make his need. On 1/3/18 at 2:15 p.m. was interviewed about toxicity and associate increased falls. The called by the nurse wadvised that the resident has a stated bilantin level and not physician stated the Dilantin was 10 to 20 resident's Dilantin level and not physician stated the been taking his curred ordered and the nurse was routinely taking a physician stated the lab result of 2.5 was thought the result was	n. the licensed practical worked on Resident #1's ewed. LPN #1 stated propelled himself around alert and active." LPN #1 aber 2017 the resident had falls and the resident was ds known. n. the resident's physician ut the diagnosed Dilantin	F 7				
	result that resulted in the resident's increas	nunication about the lab the toxicity. When asked if ed falls in November 2017 ilantin toxicity, the physician					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
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F 760	stated Dilantin toxici balance and visual of stated Resident #1 report or verbalize a with the excess Dila also stated he had of level (due on 11/24/done. The physician the Dilantin toxicity of findings on 11/28/17 on 11/30/17. On 1/3/18 at 2:40 p. director of nursing (If the Dilantin error with administrator stated Dilantin toxicity where came to the facility of the emergency roadministrator stated history of frequent factory of fac	inly possible." The physician ty could cause loss of changes. The physician may have not been able to my visual changes associated intin levels. The physician ordered a follow up Dilantin 17) and that lab was never me stated he was not aware of until the emergency room were reported to the facility. In the administrator and DON) were interviewed about the Resident #1. The she was made aware of the madult protective services on 11/30/17 and advised them om findings of 11/28/17. The the resident did not have a salls and the pattern of falls in a not typical for Resident #1. The ated when the physician gave untin level it was entered into "free" Dilantin level instead of administrator stated this and the Dilantin order of the resident's medication d. The administrator stated unication of the lab result on ysician thinking the 2.5 level	F7	760			
	"free" Dilantin level. a nurse performing a and physician orders listed inaccurately of DON stated when the	Dilantin level instead of a The DON stated on 11/26/17 a monthly review of the MAR s found the Dilantin error n Resident #1's MAR. The is discrepancy was found on as corrected and the resident					

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	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP COI 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	DE	01//	5-4/ 25 10
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE IE APPROPRIAT		(X5) COMPLETION DATE
F 760	day as originally order 11/18/17. When asker notified when this error that Dilantin levels couthe DON had no resprepeat Dilantin level of done on 11/24/17, the was not done. The Dithe lab sheet but the entry was "illegible" scomplete the test. On 1/4/18 at 10:45 at options in their lab enlevels. The DON start in the computer system included a Dilantin level was order in the computer system included a Dilantin level was order in the computer system included a Dilantin level was order in the result of the properties. The DON start difference in the result of the facility's undated Administration stated shall be notified immedication errorsN administered unless of pharmacology of the effects and contraind the following principle medication errorTo residentAdministration medicationIn the rigrouteBy the right more than the following 2017 Driving 2017 Dr	of 500 mg of Dilantin per pred by the physician on and if the physician was or was found on 11/26/17 so and have been re-checked, conse. Concerning the ordered and scheduled to be a DON stated this lab test constant of the property of the	F7	760			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495318	B. WING _				C 04/2018
	ROVIDER OR SUPPLIER			621	REET ADDRESS, CITY, STATE, ZIP CODE I BERRY HILL ROAD DUTH BOSTON, VA 24592	1 017	04/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 770 SS=G	seizures. This refere Dilantin to include demuscle control, menta dizziness, headache, vomiting and insomni nursing consideration to include, "Monitor dof total phenytoin is 1 [micrograms per millil of free phenytoin is 1 Doubling the dose do may cause toxicity. O specific dosing recom These findings were administrator and DO (1) Rader, Janet, Dor Trujillo. Nursing 2017 Philadelphia: Wolters Laboratory Services CFR(s): 483.50(a)(1) The faciliation of the facility and timeliness of the (i) If the facility provid services, the services requirements for labor of this chapter. This REQUIREMENT by: Based on staff intervive review, clinical records	ed to prevent and treat ince lists adverse effects of creased coordination and al confusion, slurred speech, blurred vision, nausea, a. This reference lists is for Dilantin administration rug level. Therapeutic level 0 to 20 mcg/mL iter]. The therapeutic range to 2 mcg/mLAlert: esn't double the level but consult pharmacist for imendations" (1) reviewed with the in on 1/4/18 at 10:30 a.m. othy Terry and Leigh Ann Drug Handbook. s Kluwer, 2017. (i) y Services. cility must provide or obtain in meet the needs of its is responsible for the quality services.		770	Resident #1 is no longer a resident of facility.	this	2/4/18

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495318	B. WING _				04/2018
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				62	21 BERRY HILL ROAD		
BERRY HI	LL NURSING HOME				OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 770	Continued From page	e 50	F 7	770			
F 770	laboratory tests as or one of three residents (Resident #1). Resident #1 had a frewhen the physician of Resident #1's daily domedication Dilantin (Fwhen his Dilantin level the free Dilantin level the physician as a tot Dilantin level ordered obtained. The increaresident's Dilantin level levels resulting in hos Dilantin toxicity and massociated with the tothe resident experier eyebrow region, ligant finger, a laceration to several bruises/abrasswelling of his face duassociated with toxic Dilantin levels. The findings include: Resident #1 was admandated the series of t	dered by the physician for a in the survey sample be Dilantin level performed redered a total Dilantin level. Disage of the anti-seizure Phenytoin) was increased els were already high after was miscommunicated to al Dilantin level. A follow up by the physician was not seed dosage caused the el to exceed therapeutic epitalization for treatment of multiple falls with injury exic Dilantin levels (harm). Indeed a laceration to his left ment injury to the left pinky the right middle finger, ions to his knees and use to repeated falls effects from the high	F 7	770	The DON and/or ADON will conduct ar audit of all labs for the past 30 days to ensure labs were obtained as ordered the physician was notified of the results and orders received were relevant rela to the lab results. All Licensed Nurses (RN's and LPN's) were re-educated by Administrative Nurses (DON, ADON, SDC, QI nurse and/or MDS Nurse) on accurate notification to MD of lab results and process for MD notification Administrative Nurses (DON, ADON, SDC, QI Nurse and/or MDS Nurse) will review during morning clinical meeting new orders (medication and labs) and initial the order slip, to ensure they are transcribed, carried out accurately and labs obtained as ordered. To maintain continued compliance the ADON will share the results of the audi with the Quality Assurance Performance Improvement (QAPI) Committee on a quarterly basis. If additional issues are noted those issues will be addressed immediately and corrective action taken	and sted	
	communication deficit psychosis. The mining 10/12/17 assessed R impaired cognitive ski Resident #1 as alway	t, dementia, diabetes and num data set (MDS) dated esident #1 with moderately ills. This MDS assessed is continent of bowel/bladder ision with set up help only					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495318	B. WING			C 01/04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		71704/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 770	physician's order date 100 mg (milligrams) an order dated 3/3/1 be given at 2:00 p.m treatment/prevention documented a physic for a Dilantin level to A lab report dated 11 resident's Dilantin (fr. high at 2.5 mg/L (mill compared to the refemg/L. A nurse documented on Resident #1's Dilantin per day and 100 mg day in response to the included instructions Dilantin level on 11/2 A nursing note dated "[Physician] informed 2.5, order given to give every morning and emg by mouth at 2 pm checked next week, 11/24/17." The order for the incomposition of the lab of the control of the lab of the control of the lab of	record documented a ed 3/3/17 for Dilantin chew to be given twice per day and 7 for Dilantin chew 50 mg to each day for of seizures. The record cian's order dated 11/15/17 be obtained on 11/16/17. /18/17 documented the ee) level on 11/16/17 was igrams per liter) as rence range of 1.0 to 2.0 mented notification to the esults. A telephone order 11/18/17 increasing n dosage to 200 mg twice at be given at 2:00 p.m. each e lab test. This order also to repeat the resident's	F 7'				
	2017 medication adm The order for Dilantir not added to the MAI continued to be admi twice per day from 1	ninistration record (MAR). 200 mg twice per day was R until 11/26/17. Resident #1 nistered Dilantin 100 mg 1/18/17 through 11/25/17. .m. dose of Dilantin was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED		
		495318	B. WING_			C 01/04/2018	
	ROVIDER OR SUPPLIER	17777		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		01/04/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 770	11/18/17 as ordered. doses of Dilantin we starting on 11/26/17 administered Dilantin resident's total daily as follows: prior to 1 day; 11/18/17 throug per day; 11/26/17 un given 500 mg per da The clinical record delevel on 11/24/17 as The clinical record delevel on 11/7/17 at 6:21 p.m. to check to see, four with bedside table of itResident has min with minor bleeding to 11/23/17 at 7:11 p.m. by cna [certified nurs roommate found him beside his bed with the	g to 100 mg starting on The twice per day 100 mg re stopped on 11/25/17 and the resident was a 200 mg twice per day. The dose of Dilantin progressed 1/18/17 received 250 mg per h 11/25/17 was given 300 mg til discharge on 11/28/17 was y. Documented no repeat Dilantin ordered by the physician. Documented increased falls for mber 2017 as the Dilantin ne resident had experienced in 9/9/17) from January 1017. The resident in November 2017 prior to ergency room on 11/28/17 I that day (11/28/17) resulting this left eye. Nursing notes owing falls with injuries for November 2017. - "Heard a loud noise, went and resident in floor, on knees overturned with resident over or scratch on bridge of nose from left nostrilApplied f nose" - "this nurse called to room ties' aide] feeding residents I [Resident #1] lying on floor nis legs over the trash can assisted back to bed socks	F 7	770			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495318	B. WING _			C 01/04/2018
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 621 BERRY HILL ROAD SOUTH BOSTON, VA 2459		0.10.1120.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIV CROSS-REFERENCE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 770	resident lying on the bed, in front of w/c [v resident denied fallin middle finger, cleaned injuries noted at this hand. able to move edema noted to left hand. The bathroom with which was a door. Resident state go to the bathroom with which was not discomfort" (sic) 11/28/17 at 4:18 p.m. or discomfort" (sic) 11/28/17 at 4:18 p.m. noiseresident was roommates side of the that the chair turned into the floor" (sic) 11/28/17 at 9:15 p.m. floor by CNA, call wrobserved on the floobleeding from what a also noted to the bac notedresident respresponsive when ser room]Sent to Er for [physician] order. Reday"	"heard noise in g the room, observed right side at the foot of the wheelchair]. when asked g. laceration noted to right d and dressed. no other timebruise noted to left wrist and all digits. some hand" "Was called to residents ed that resident was in floor ident was sitting in floor in heelchair sitting at bathroom d that he was attempting to and got too fastResident of hurtNo complaint of pain "Heard loud sitting in the floor on he room. Resident stated around on him and he fell "Resident found on the iter to room. Resident r with call bell in hand appears to be left eye. Blood isk of head. facial swelling onsive at time of fall and still	F	770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			621 BERR	DDRESS, CITY, STATE, ZIP CODE Y HILL ROAD BOSTON, VA 24592	1 01/	04/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 770	right middle finger that the physician note m resident's Dilantin do dated 11/27/17 documented weekend that [Refle had several addit nurse's opinion that it floor, not actually fall administration record chartSpeech is quit up in a wheelchair, b recently" The physimention of the reside inaccurate Dilantin level. The facility's investig was not conducted undischarge. The investigation of the investigation of the patient of the patient's progress 11/30/17 documented [director of nursing], weeks ago I was call told the patient's Dilatasked if the patient was taking his prescribed per day]. She said hordered a significant follow-up Dilantin lev taken off and the lab	at occurred on 11/26/17 and ade no mention of the sage. This progress note mented, "I was called over esident #1] had some falls ional falls and it was the ne was putting himself on the angMedication is reviewed in he garbled. He is generally but has had more falls hician's note made no ant's Dilantin levels, antry on the MAR or the lab due on 11/24/17. The progression of the Dilantin error antil after the resident's estigation included 11/29/17 stating, "On coribed to MAR incomplete + abbook no requisition filled ants increased impairment + resulted in resident being	F7	70			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			62	TREET ADDRESS, CITY, STATE, ZIP CODE 21 BERRY HILL ROAD OUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 770	Continued From page	e 55	F	770			
	11/28/17 documented upon arrival with Dilar abnormally high Dilar report dated 11/28/17 Dilantin level as a "cr ug/mL (micrograms prange of 10.0 to 20.0 diagnosed with multipaddition to a laceratic laceration to the right history and physical redocumented, "Pt [pat [emergency departmented has bandaged laceratinger. Bruising to the the chin and both knet the left ear as well as medical services] starspeech is normally sl worsened tonightLa Dilanton [Dilantin] of documented the lace left eye as superficial centimeters in length. resident had " a demiddle finger that approntusion/hematoma able to make a fist wi middle finger flexes a is a deep laceration a interphalangeal] joint capsule and the finger the PIP joint. The wo splinted and antibiotic	ntin level. The ER report lab of documented Resident #1's itical value" measuring 40.6 her milliliter) with a reference ug/mL. The resident was pole bruises and abrasions in an above his left eye and a middle finger. The ER report dated 11/28/17 hent] arrives to the ED rent] with multiple injuries. Pt tion to the right middle releft hand. abrasion under research Abrasion to the back of releft eye. EMS [emergency rest that nurse states the pts rent above it has report abnormal resident to report abnormal resident to report abnormal resident to the right resident to the right pears to be old also has refer to the entire left hand is the the right hand and the regainst resistance, but there at the PIP [proximal which extends into the joint for can be hyperextended at bound will be cleaned, finger resigner"					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	· ,	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C 01/04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 770	along with daily mon laceration above the cleansed and closed orthopedic consultat documented, "evider superficial injuries af With these falls, app injuries contusion to laceration to the left managed in the eme apparently had both function intactatter demonstrated no act fingerThe wound w traverse laceration at the volar [palm] asperinterphalangeal joint a good 48 hours possecondarily requiring. A physician consultated documented, "He [with falls and several appears to have been toxicity" The reside from 11/28/17 until 1 discharge summary resident's primary distoxicity. This summare [Resident #1] preser reported multiple fall resulting in multiple as a 1.5 cm simple later summare to simple to	itoring of Dilantin levels. The resident's left eye was with skin glue. An ion report dated 11/30/17 intly was admitted with iter reported multiple falls arently, had some other his face with a 2 cm lateral eyebrow area that was irgency room. He also knees with abrasions, but intion to the right hand x-rays ute fracture of the middle was not repaired. It was a pproximately of 2 cm across ect of the proximal Since the wound is at least it injury, this will heal in o sutures" tion report dated 12/3/17 [Resident #1] was admitted I orthopedic injuries. This in secondary to Dilantin ent remained hospitalized	F 7	770			
	[on 11/29/17] (refere was admitted with D	oe significantly elevated at 32 nce range is 10 - 20) He ilantin toxicity. His gait related to this. Dilantin was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	, ,	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _		,	C 01/04/2018	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 770	Continued From pag	e 57	F 7	770			
	discontinued and lev trended back close to	rels were checked until it o normal"					
		sident #1's clinical record n's order for a "free" Dilantin					
	Resident #1's plan of care (revised 7/26/17) documented prior to November the resident required minimal assistance with activities of daily living. This care plan stated the resident had potential for injury due to history of seizures. Interventions for seizure prevention included, "Administer medications as ordered by the physicianMonitor for adverse side effects of medication, i.e., headache, drowsiness, insomnia, anxiety depression, psychosis, blurred vision, diplopia [double vision], dizziness, numbness, ataxia [poor muscle coordination], tremor, nausea, vomiting, diarrhea, gingival hyperplasia, and rash and notify physician for evaluation and interventionObtain and monitor serum anticonvulsant medication levels as ordered and notify physician of results"						
	Dilantin lab test on 1 inaccurately entered	nunicated the resident's 1/18/17 to the physician and the Dilantin order on the ble for interview as she no facility.					
	nurse (LPN #1) that living unit was interv Resident #1 routinely the facility and was " stated prior to Nover	m. the licensed practical worked on Resident #1's iewed. LPN #1 stated y propelled himself around alert and active." LPN #1 mber 2017 the resident had at falls and the resident was eds known.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C 01/04/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 770	Continued From pag	ne 58	F 7	70		
	was interviewed about toxicity and associate increased falls. The called by the nurse was advised that the resi. The physician stated Dilantin level and no physician stated the Dilantin was 10 to 20 resident's Dilantin lestated he asked the been taking his curre ordered and the nurse was routinely taking physician stated the lab result of 2.5 was thought the result was thought the result was thought the result was thought the result was a miscom Dilantin level of 2.5 that increase in the Distated, "I doubled which was already here was a miscom result that resulted in the resident's increase were related to the Distated, "That's certain stated Dilantin toxici balance and visual of stated Resident #1 report or verbalize a with the excess Dilantialso stated he had on	m. the resident's physician but the diagnosed Dilantin ed injuries related to physician stated he was working on 11/18/17 and dent's Dilantin level was 2.5. If he had ordered a regular to a "free" Dilantin level. The normal range for regular to so he understood the wel was low. The physician nurse if the resident had ent dose of Dilantin as se advised that the resident medications as ordered. The nurse never told him that the a "free" Dilantin level so he as a regular Dilantin level. If the normal ranges were very Dilantin (1.0 to 2.0) as ar Dilantin level (10.0 to a stated he understood the o be very low so he ordered ilantin. The physicians hat he [Resident #1] was on igh." The physician stated munication about the lab and the toxicity. When asked if seed falls in November 2017 Dilantin toxicity, the physician only possible." The physician hay have not been able to any visual changes associated and the levels. The physician redered a follow up Dilantin toxicity and that lab was never				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495318	B. WING _			C)1/04/2018
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592		7170-472010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 770	Continued From pag	e 59	F 7	70		
	the Dilantin toxicity u	ns stated he was not aware of intil the emergency room were reported to the facility				
	director of nursing (I the Dilantin error with administrator stated Dilantin toxicity when came to the facility of	m. the administrator and DON) were interviewed about in Resident #1. The she was made aware of the adult protective services in 11/30/17 and advised them findings of 11/28/17. The				
	administrator stated history of frequent fa November 2017 was The administrator sta	the resident did not have a ills and the pattern of falls in the not typical for Resident #1. ated when the physician gave intin level it was entered into				
	a total Dilantin. The nurse also transcribe 11/18/17 wrong onto	'free" Dilantin level instead of administrator stated this ed the Dilantin order of the resident's medication d. The administrator stated				
	11/18/17 with the ph reported was a total "free" Dilantin level.	unication of the lab result on ysician thinking the 2.5 level Dilantin level instead of a The DON stated on 11/26/17 a monthly review of the MAR				
	and physician orders listed inaccurately or DON stated when th 11/26/17 the MAR w	s found the Dilantin error n Resident #1's MAR. The is discrepancy was found on as corrected and the resident I of 500 mg of Dilantin per				
	day as originally ord- 11/18/17. When ask notified when this en that Dilantin levels of	ered by the physician on ed if the physician was ror was found on 11/26/17 so ould have been re-checked,				
	repeat Dilantin level	ponse. Concerning the ordered and scheduled to be e DON stated this lab test				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C 01/04/2018	
		495318	B. WING				
NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	•	0110442010	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 770	Continued From page 60		F 7	70			
	was not done. The DON stated it was listed on the lab sheet but the lab employees stated the entry was "illegible" so they did not draw blood or complete the test. On 1/4/18 at 10:45 a.m. the DON displayed the						
	options in their lab e levels. The DON st in the computer sys included a Dilantin I Dilantin Free. The I Dilantin level was or	entry system for Dilantin ated there were three options tem for Dilantin. The options evel, Dilantin Free + total and DON stated if a regular dered the nurses should have bilantin level" and not "Dilantin ated, "There is a big					
	Administration state shall be notified imm medication errorsI administered unless pharmacology of the effects and contrain the following princip medication errorTo residentAdministra medicationIn the r						
	through 1173 descri an anticonvulsant us seizures. This refer Dilantin to include d muscle control, mer dizziness, headache vomiting and insomi nursing consideration	brug Handbook on pages 1171 bed Dilantin (Phenytoin) as sed to prevent and treat ence lists adverse effects of ecreased coordination and stal confusion, slurred speech, e, blurred vision, nausea, nia. This reference lists ons for Dilantin administration drug level. Therapeutic level					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495318	495318 B. WING			C 01/04/2018	
NAME OF PROVIDER OR SUPPLIER BERRY HILL NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP 621 BERRY HILL ROAD SOUTH BOSTON, VA 24592	CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X (EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 770	of total phenytoin is 1 [micrograms per milli of free phenytoin is 1 Doubling the dose do may cause toxicity. (specific dosing recon These findings were administrator and DC	0 to 20 mcg/mL liter]. The therapeutic range to 2 mcg/mLAlert: besn't double the level but Consult pharmacist for nmendations" (1) reviewed with the N on 1/4/18 at 10:30 a.m. rothy Terry and Leigh Ann Drug Handbook.	F7	770			